AQoL User Registration Form (CHE)

The information in this form will be used to

- 1) record details of the project and instrument(s) used;
- 2) keep researchers informed of new developments;
- 3) supply technical support as needed.

There are no fees associated with registration or use of any of the Centre for Health Economics AQoL instruments .

Please complete this registration form and return it to:

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1.	roday	's date:					
2.	Name of Study or Project:						
2.		ctive and brief desc	cription of the study.				
3.	Please	Please list the names of the Chief Investigators in citation order:					
	Title	First Name	Surname	Institution			

4.	Contact person:							
	Name:							
	Address:							
	Telephone:	Mobile:						
	Facsimile:	Email:						
5.	Which AQoL instru	ument(s) do you wish to register for?						
		AQoL - 4D Basic						
		AQoL - 6D Standard AQoL - 7D Vision						
		AQoL – 8D Mental Health						
6.	What is your study design:							
		Population survey or cross-sectional study						
		Public health (non-clinical) trial in a population sample, with experimenta and control groups						
		Public health (non-clinical) study with pre/post measures, but no control						
		group						
		Clinical trial with experimental and control groups Clinical trial with pre/post measures, but no control group						
		Other. Please specify:						
7.	Is your study	funded:						
		Yes. Please specify the size of funding: \$No.						
8.	Expected sta	Expected start and finish dates of your study: to						
9.	Anticipated n	umber of respondents:						
10.	Characteristics of respondents:							
	AGE:	General adult population over 18 years						
		Specific age group. Please specify the age range:						
	GENDER:	☐ Males only ☐ Females only ☐ Both						
	DISEASE:	Specific disease or condition. Please specify:						

11.	Method of deliver	ry of the instrume	nt:	☐ Interview	☐ Focus group			
		_						
		,,						
12.	Method of completion of the instrument:							
	Filled in by interviewer							
	Filled in by respondent, interviewer present and able to assist if needed							
	Filled in by respondent unassisted							
	Filled in by proxy (eg doctor, partner, parent, or caregiver)							
	Other method. I							
13.	Are you using this	instrument as pa	rt of an instrumen	t battery with other	er QoL measures?			
	☐ No other QoL m	☐ No other QoL measures are being used						
	Yes. Please specify which other QoL measures are being used:							
			П					
	AQoL 4D	AQoL 6D	∐ AQoL	_ /D	QoL 8D			
	EQ 5D	☐ SF 36	SF 12	□ ни	JI 3 📗 15D			
	QLQC 30 Impact profile	QWB	Nottingham F	Health Profile	Sickness			
	Other. Pleas	e specify						
14.	Are you willing to have any of the information provided on this form included in any reports about the use of the QoL instruments?							
			Yes N	0				
15.	Are you willing to have your contact details made available to other researchers working in similar fields?							
			☐ Yes ☐ N	0				
16.	The AQoL research team at the Centre for Health Economics is conducting ongoing research and validation of the QoL instruments. Would you be willing to provide deidentified machine-readable AQOL data, together with basic demographic and health status information about your respondents?							
			☐ Yes ☐ N	o				